

Work Order ID 106210

August-28-13 12:57:28 PM

106210

Page 1

Item ID: D3281-1L02 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Floor Protector, Fwd LH (Black)
Start Date: 8/28/13 Start Qty: 4.00 ***4*** Cust Item ID:
Required Date: 8/28/13 Req'd Qty: 4.00 ***4*** Customer:
Reference:

Approvals: Process Plan: MLJ Date: 13-08-30 Tooling: Date: Run Start ***NR1***
QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3281	Rev F
DSI 9504	A

100 0.00

100

Thermoform
Thermoforming Machine

HAND FINISHING THERMOFORMING

Memo
Cut Blanks

0.00

x4

Wh
13/09/12

105 0.00

105

HandThermo
Hand Finishing Thermoforming

Dry Material

Memo
Dry Sheet as per QSI022 POLYCARBONATE

0.00

x4

Wh
13/09/12

Temp: 240° F

Time IN: 7:00 pm 13/09/11

Time OUT: 7:00 am. 13/09/12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

August-28-13 12:57:28 PM

Item ID: D3281-1L02

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop ***NS2***

Item Name: Floor Protector, Fwd LH (Black)

Start Date: 8/28/13 **Start Qty:** 4.00 ***4***

Cust Item ID:

Required Date: 8/28/13 **Req'd Qty:** 4.00 ***^***

Customer:

Reference:

Run Start *NR1*

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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110

0.00

110

THERMOFORMING MACHINE

0.00

Thermoform

Memo

Thermoforming Machine

Thermoform as per Dwg. D3281 and Folio FTA 011

Dwg. Rev. F Folio Rev. 2

130

0.00

130

HAND FINISHING THERMOFORMING

0.00

Thermoform

Memo

Thermoforming Machine

Trim to Finished Dimensions

140

0.00

140

QC2- Inspect parts off machine FAI/FAIB

0.00

QC

Memo

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
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Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

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Page 3

A/R 13-09-23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
Landing Gear			General			Other			Pressure/Forced
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

Picklist Print

August-28-13 12:57:31 PM

Page 1

Work Order ID: 106210

106210

Parent Item: D3281-1L02

D3281-1L 02

Parent Item Name: Floor Protector, Fwd LH (Black)

Start Date: 8/28/13

Required Date: 8/28/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A04.07.01New issueKJ/JLM
IPP Rev B. 07.16.2007 Thermoform in house DL
Add Step 105 Dry Material 10/04/21 DL

IPP Rev. C

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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MLEXS.093-F6006-02

Purchased

No

sf

394.1230

17.332

MI FXS 093-F6006-02

**

GE PLASTICS LEXAN SHEET

Location

Loc Qty

Loc Code

therm

394.1230005

110877

26.9000009

122033

367.223

17.332 sg Pt.

DAS
07
89

13/09/12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced
<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld
<input type="checkbox"/>	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved		
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong		
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other
<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset				
<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration				
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence				
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions				

DART AEROSPACE LTD		Work Order:	106210
Description: Floor Protector, Fwd LH		Part Number:	D3281-1
Inspection Dwg: D3281	Rev: F	Page 1 of 1	

FIRST ARTICLE INSPECTION CHECKLIST
THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than 0.1875" Go/No Go <i>N/A</i>				
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by:	<i>Dhe</i>	Date:	13/09/12
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TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
18.6	+/-0.100	18.6"	✓		TAPE DL-01	
17.1	+/-0.100	17.1"	✓		"	
11.7	+/-0.100	11.7"	✓		"	
0.95	+/-0.030	0.972"	✓		Vern TH-01	
0.25	+/-0.030	0.28"	✓		"	
0.030	Min	0.065"	✓		CAL TH-DT	
0.070	Min	0.077"	✓		Vern TH-01	

Measured by:	<i>DAS</i> 07	Date:	13/09/20
Audited by:	DAS 27	Date:	13 9 20
Preliminary Approval:	9-89	Date:	

Rev	Date	Change	Revised by	Approved
A	08.02.28	New Issue	KJ/DL	
B	08.04.16	Dimensions updated per Dwg Rev D	KJ/DL	
C	08.09.12	Tolerance revised for 0.070 dimension	KJ/DL	
D	10.09.01	Dwg Rev updated	KJ	
E	11.06.21	Dwg Rev updated	KJ	<i>[Signature]</i>

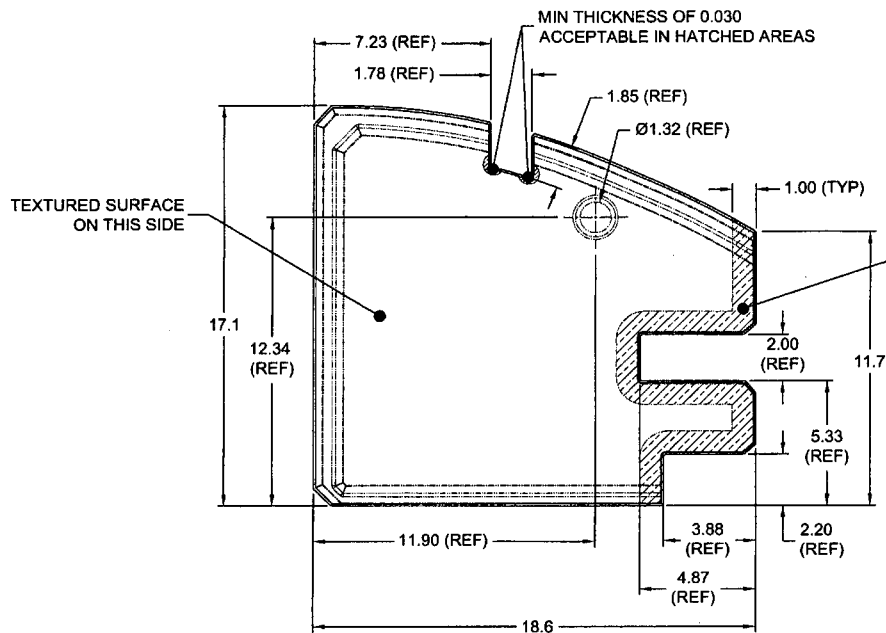
8 7 6 5 4 3 2 1

D

C

B

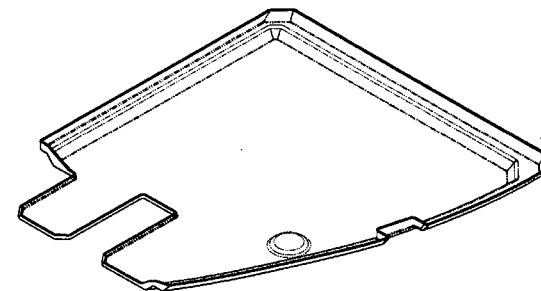
A



D3281-1 FLOOR PROTECTOR

NOTES:

- 1) MATERIAL: -1L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-1L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-1Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-1L02 = 0.95 lb D3281-1L08 = 1.13 lb
- 8) THERMOFORM WITH MOLD D3281-1T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED



RELEASED
2010-11-25

F	NOTES UPDATED. FLAG NOTE 6 WAS 7 & RELOC. D.E.O. D3281-E-1 INC. DIM 17.0 WAS 17.1 (ZN B5-3, B6-4) & 17.7 WAS 17.8 (ZN C5-3, C6-4) REF CAR 10-21.	JPH	10.09.27
E	-3/4 NOW TRIMMED FLAT: RMV 0.25 BEVEL TO FACILITATE TRIMMING (ZN D6-3, D4-4)	CP	10.01.05
D	THICKNESS 0.093 WAS 0.125, MIN THICKNESS 0.070 WAS 0.080, P/N AND B/N ID WITH VIBRATING STYLUS (ZN A7-1, A7-2, A7-3, A7-4); D3281-4 NOW ON PAGE 4; CORRECT WEIGHTS (ZN A8-1, A8-2, A8-3, A8-4)	PH	08.03.28
C	UPDATE DIMS TO MATCH PARTS: COLOUR 701 WAS 700; GENERAL UPDATE	LE	07.10.09
B	NOW LEXAN; DIMS AS MANUFACTURED	CP	05.11.25
A	NEW ISSUE	CP	04.05.03
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	10.09.27		

DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO.

D3281

TITLE

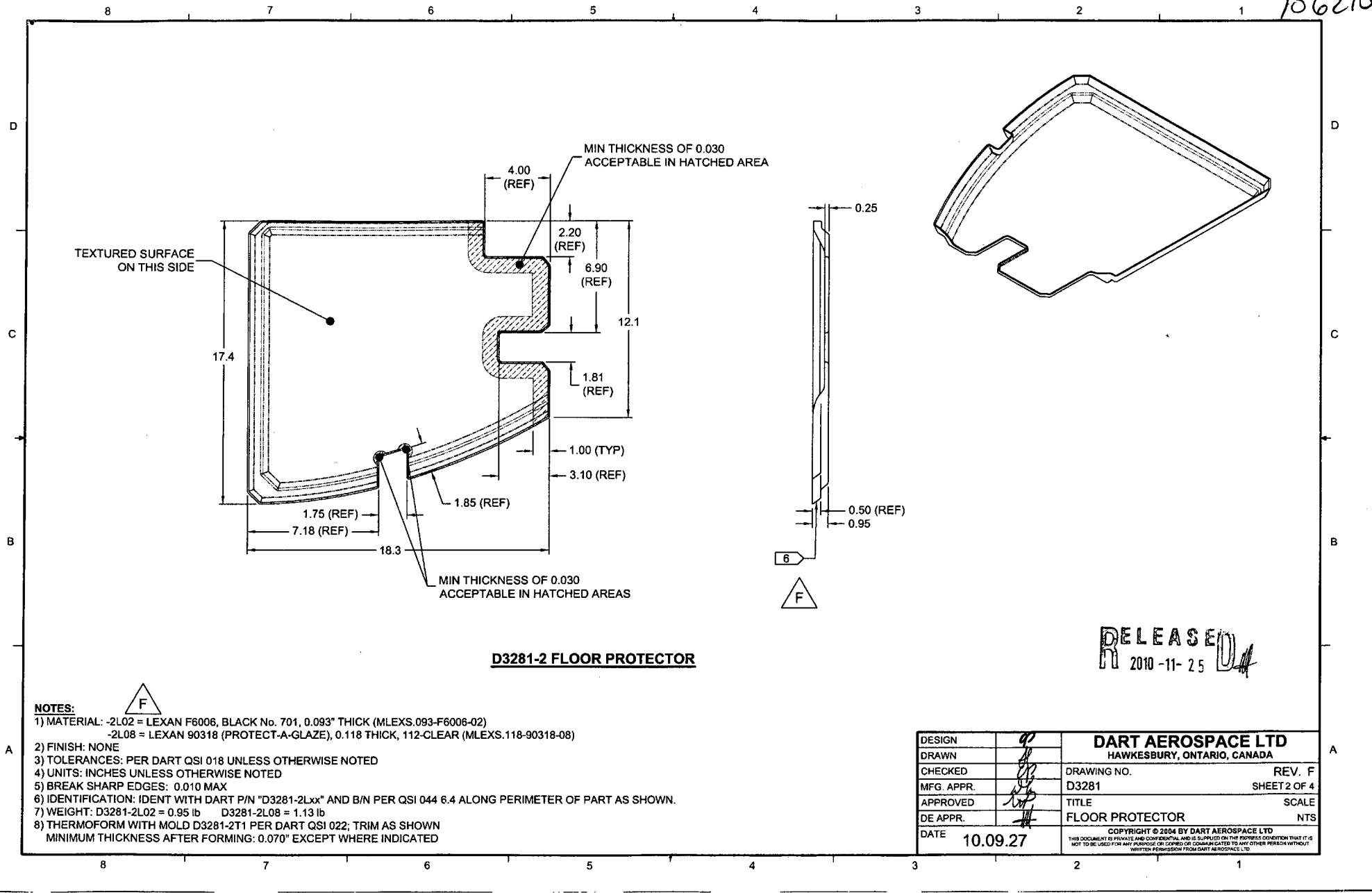
FLOOR PROTECTOR

REV. F
SHEET 1 OF 4
SCALE
NTS

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106210 MCT
13-08-30

106210



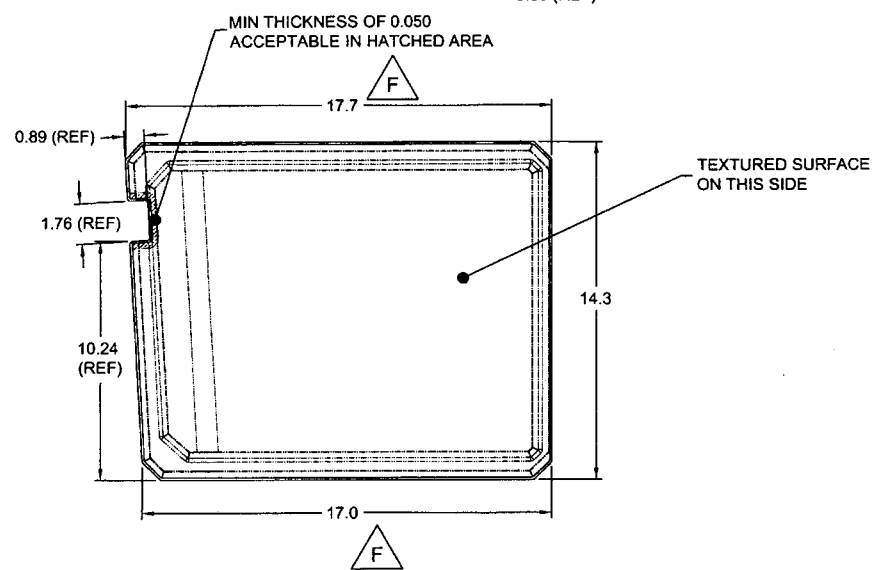
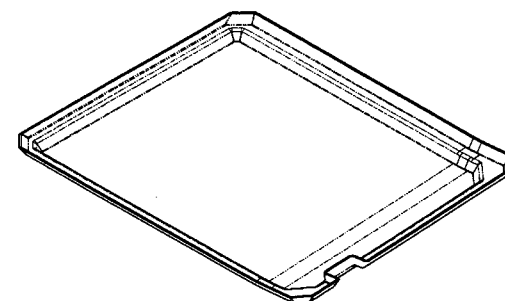
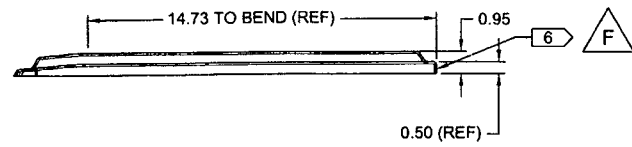
D3281-2 FLOOR PROTECTOR

RELEASE
R 2010-11-25 D4

- NOTES:**
- 1) MATERIAL: -2L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-2L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.010 MAX
 - 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-2Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
 - 7) WEIGHT: D3281-2L02 = 0.95 lb D3281-2L08 = 1.13 lb
 - 8) THERMOFORM WITH MOLD D3281-2T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

DESIGN		DART AEROSPACE LTD	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. F
MFG. APPR.		D3281	SHEET 2 OF 4
APPROVED		TITLE	SCALE
DE APPR.		FLOOR PROTECTOR	NTS
DATE	10.09.27	COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

106210



D3281-3 FLOOR PROTECTOR

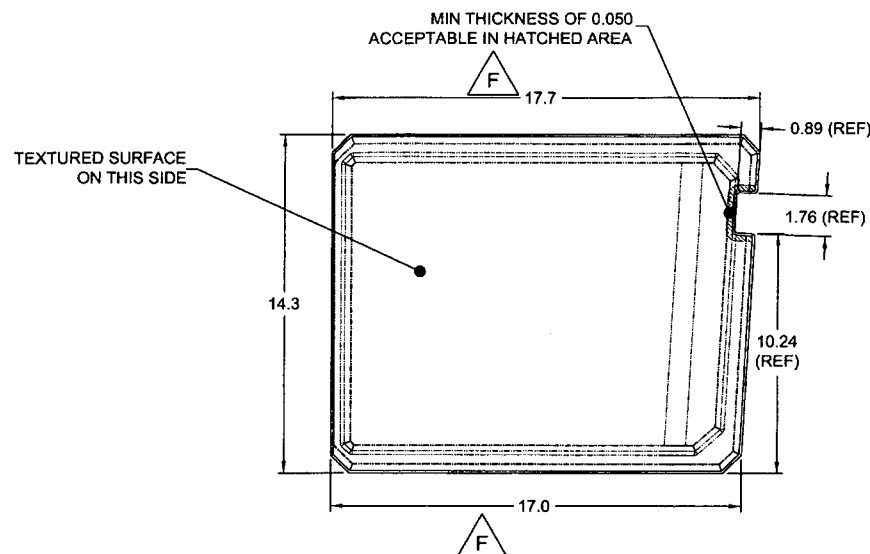
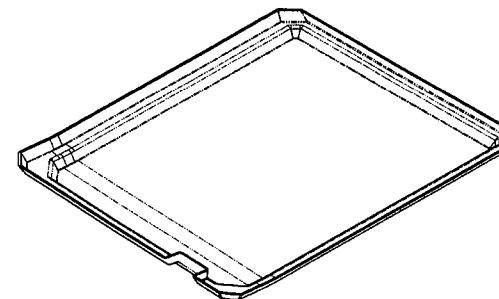
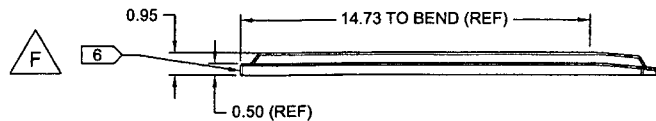
RELEASE
2010-11-25

NOTES:

- 1) MATERIAL: -3L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-3L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-3Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-3L02 = 0.87 lb D3281-3L08 = 1.05 lb
- 8) THERMOFORM WITH MOLD D3281-3T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

DESIGN		DART AEROSPACE LTD	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. F
MFG. APPR.		D3281	SHEET 3 OF 4
APPROVED		TITLE	SCALE
DE APPR.		FLOOR PROTECTOR	NTS
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D3281-4 FLOOR PROTECTOR

D3281-4 NOTES:

- 1) MATERIAL: -4L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-4L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENTIFICATION: IDENT WITH DART P/N "D3281-4Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-4L02 = 0.87 lb D3281-4L08 = 1.05 lb
- 8) THERMOFORM WITH MOLD D3281-4T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

RELEASE
2010-11-25

DESIGN		DART AEROSPACE LTD	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. F
MFG. APPR.		D3281	SHEET 4 OF 4
APPROVED		TITLE	SCALE
DE APPR.		FLOOR PROTECTOR	NTS
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DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D044-719 REV. A
AND INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D044-719 REV. 0

REF TCCA STC: SH04-40
REF FAA STC: SR02051NY
REF EASA STC: EASA.IM.R.S.01075

PURPOSE:

To add the D044-719-011L08 Clear Cabin Floor Protectors. The -011L08 kit is similar to the existing -011 kit, however the plastic is transparent instead of solid black. The existing D044-719-011 kit will be re-identified as D044-719-011L02.

CHANGE:

The D044-719-011L08 Cabin Floor Protectors kit consists of four transparent plastic trays that are placed on the cabin floor to protect the carpets from damage. The -011L08 kit should be installed per the -011 kit of Installation Instructions IIN-D044-719 and maintained per Instructions for Continued Airworthiness ICA-D044-719. The parts list and weight & balance for the -011L08 kit is given below.

PARTS LIST

QTY -011L02	QTY -011L08	Part Number	Description
X		D044-719-011L02	Cabin Floor Protectors (Black)
	X	D044-719-011L08	Cabin Floor Protectors (Clear)
1		D3281-1L02	Floor Protector, Fwd LH, Black
	1	D3281-1L08	Floor Protector, Fwd LH, Clear
1		D3281-2L02	Floor Protector, Fwd RH, Black
	1	D3281-2L08	Floor Protector, Fwd RH, Clear
1		D3281-3L02	Floor Protector, Aft LH, Black
	1	D3281-3L08	Floor Protector, Aft LH, Clear
1		D3281-4L02	Floor Protector, Aft RH, Black
	1	D3281-4L08	Floor Protector, Aft RH, Clear
8	8	D2854-1-100	Looped Velcro Strip
8	8	D2854-3-100	Hooked Velcro Strip






WEIGHT AND BALANCE

Installation	Weight	Lateral		Longitudinal	
		Arm	Moment	Arm	Moment
D044-719-011L02	3.9 lb	0 in	0 in-lb	50 in	195 in-lb
Cabin Floor Protectors	1.8 kg	0 m	0 m-kg	1.27 m	2.3 m-kg
D044-719-011L08	4.4 lb	0 in	0 in-lb	50 in	220 in-lb
Cabin Floor Protectors	2.0 kg	0 m	0 m-kg	1.27 m	2.5 m-kg

CANADA
DEPARTMENT OF TRANSPORT
AIRCRAFT CERTIFICATION
BRANCH
DAO # 01-0-01

APPROVED
BY: 
D. SHEPHARD (DE # 02)

DATE: 10.02.24
CERT. NO.: SH04-40
ISSUE NO.: 1

A	NEW ISSUE	CP	10.02.24
REV.	DESCRIPTION	BY	DATE
DESIGN		DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN			
CHECKED		DRAWING NO.	REV. A
MFG. APPR.	N/A	DSI 9504	SHEET 1 OF 1
APPROVED		TITLE	SCALE
DE APPR.		FLOOR PROTECTOR KIT, CLEAR	NTS
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